

AFFIDAVIT IN FORMA PAUPERIS

United States District Court for the Southern District of West Virginia

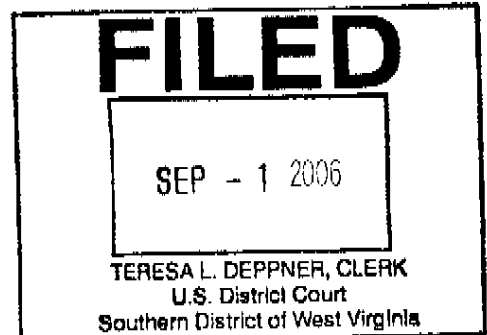
UNITED STATES OF AMERICA,

v.

JOHN DAVID MOONEY

) Case No. 02-00231
) Civil No. 04-1001**Affidavit in Support of Motion**

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: John D. Mooney**Instructions**

Complete all questions in this application then sign it. Do not leave any blank answer to a question is "0," "not applicable (N/A)," write in that response; you need more space to answer a question explain your answer, attach a separate paper identified with your name, your docket number, and the question number.
Date: 8-30-06

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source

Employment
Self-employment
Income from real property (such as rental income)
Interest and dividends
Gifts
Alimony
Child support
Retirement (such as social security, pensions, annuities, insurance)

Average monthly amount during the past 12 months
You Spouse

\$ 34	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A

Disability (such as social security, insurance payments) _____
 Unemployment payments _____
 Public-assistance (such as welfare) _____
 Other (specify): gta _____
 Total monthly income: _____

\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 0	\$ N/A
\$ 30	\$ N/A
\$ 31	\$ N/A

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Date of employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Date of employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

4. How much cash do you and your spouse have? \$ 8
 Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of account	Amount you have	Amount you have
<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
<u>N/A</u>	<u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home _____ N/A _____ _____ (Value)	Other real estate _____ N/A _____ _____ (Value)	Motor vehicle Make & year Model: N/A Registration Other assets _____ N/A _____ _____ (Value)
Motor vehicle #2 Make & Year: _____ N/A _____ Model: Registration #:	Other assets _____ N/A _____ _____ (Value)	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money _____ N/A _____ _____	Amount owed to you _____ N/A _____ _____	Amount _____ N/A _____ _____
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7. State the persons who rely on you or your spouse for support.

Name _____ N/A _____ _____	Relationship _____ N/A _____ _____	Age _____ N/A _____ _____
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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

You

Rent or home-mortgage payment (include lot rented for mobile home) \$ 0

Are real estate taxes included? ☐ Yes ☐ No

Is property insurance included? ☐ Yes ☐ No

Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	20
Home maintenance (repairs and upkeep)	\$	0
Food	\$	35
Clothing	\$	0
Laundry and dry-cleaning	\$	0
Medical and dental expenses	\$	0
Transportation (not including motor vehicle payments)	\$	0
Recreation, entertainment, newspapers, magazines, etc.	\$	0
Insurance (not deducted from wages or included in mortgage payments)	\$	0
Homeowner's or renter's	\$	0
Life	\$	0
Health	\$	0
Motor Vehicle	\$	0
Other:	\$	0
Taxes (not deducted from wages or included in mortgage payments)	\$	0
(specify):		
Installment payments	\$	0
Motor Vehicle	\$	0
Credit card (name):	\$	0
Department store (name):	\$	0
Other:	\$	0
Alimony, maintenance, and support paid to others	\$	0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	0
Other (specify):	\$	20
Total monthly expenses:	\$	75

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes ☐ No If yes, describe on an attached sheet.

Due to a job loss, my support from family has been reduced.

10. Have you paid -- or will you be paying -- an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid -- or will you be paying -- anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. I have been imprisoned for forty-seven months

without any substantial support.

13. State the address of your legal residence.

P.O. Box 6000

Stenville, OH 44135

Your daytime phone number: (N/A) N/A

Your age: 51 Your years of schooling: 12

Your social-security number: 233-88-1600